Please type a plus sign (+) inside this box	_	
Please type a plus sign (+) inside this box	─	141

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket Numb	per 1001	
		First Named Inventor	Kirk W. Lilly	
		COMPLETE IF KNOWN		
(37 CFR 1.63)			Application Number	
☐ Declaration Submitted With Initial Filing ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	□ Daniemties	Filing Date		
	Group Art Unit			
	(37 ČFR 1.16 (e))	Examiner Name		

As a below named inventor, I he	ereby declare that:			As a below named inventor, I hereby declare that:						
My residence, mailing address, an	nd citizenship are as sta	ted below next to my nar	ne.							
I believe I am the original, first and names are listed below) of the sub	t sole inventor (if only or oject matter which is cla	ne name is listed below) imed and for which a pat	or an original, firs ent is sought on t	it and joint inventor (if plural the invention entitled:						
Audio System/	Cup Assembl	у								
the specification of which	(1	Title of the Invention)								
is attached hereto										
OR was filed on (MM/DD/YYYY)	. [as United St	tates Application I	Number or PCT International						
Application Number		amended on (MM/DD/YY)	m	(if applicable).						
I hereby state that I have reviewed amended by any amendment spe	d and understand the co	ontents of the above iden	ntified specification	n, including the claims, as						
I acknowledge the duty to disclose in-part applications, material informational filing date of the	mation which became a	ivaliable between the filin	defined in 37 CF date of the prio	FR 1.56, including for continuation- or application and the national or						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s) Foreign Filing Date Priority Certified Copy Attache (MM/DD/YYYY) Not Claimed YES NO										
			0000	0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s)	Filing Date	e (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all Correspondence for a fill	Customer Number or Bar Code Label			OR X	Correspondence address below	
Name John D. Lister						
Address 3841 East Dia	mond Ave.					
Address						
City Mesa			State	Arizona	ZIP 85206 – 1836	
U.S.A.	Telephon	(480) ne	641-	7459	(480) 641-7459 Fax	
I hereby declare that all statements ma are believed to be true; and further tha made are punishable by fine or impriso validity of the application or any patent i	at these statements we onment, or both, under	ere made wi	ith the kno	nowledge that willfi	ful false statements and the like so	
NAME OF SOLE OR FIRST INV	/ENTOR:		A petition	on has been fil	led for this unsigned inventor	
Given Name Kirk W. (first and middle [if any])			Family N or Suma		1	
Inventor's Signature W. J	9 illy				February 1, 2001	
Residence: City Mesa		state 1 Z	ona,	Country A.	Citizenship A .	
Mailing Address 1332 Ea	st Halifax					
Mailing Address	1					
City Mesa	Arizona State		<u>8</u> 520	J3	country. A.	
NAME OF SECOND INVENTOR	1:		A petiti	on has been fil	led for this unsigned inventor	
Given Name (first and middle [if any])			Family N or Surna			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Mailing Address				- Vouise y	Citterionip	
Mailing Address						
City	State		ZIP		Country	
Additional inventors are being named	· · · · · · · · · · · · · · · · · · ·			ior(s) sheet(s) PT(D/SB/02A attached hereto.	

Please type a plus sign (+) inside	this box		+
------------------------------------	----------	--	---

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Man with State Men Man State State

::

The second secon	
Application Number	
Filing Date	
First Named Inventor	Kirk W. LIlly
Group Art Unit	
Examiner Name	
Attorney Docket Number	1001

I hereby appoint: Place Customer								
Practitioners at Customer Number Number Bar Code Label here					9			
OR X Practitioner	r(e) nan	ned below:			L			
[A] Practitioner	(S) Hall	Name			Registrat	ion Nu	mber]
		Name			11091011]
Joh	nn D	Lister			23004			
- 001	111 0							
as my/our attorned business in the L	ey(s) or Jnited S	agent(s) to prosectates Patent and	cute the application Trademark Office co	identifi nnecte	ed above, a	and to	transact all	
The above-n	e corre	spondence addres ed Customer Num	ss for the above-ider ber.	ntified a	application	to:		
OR								
Firm or Individual Nar	ne							
Address		<u></u>	y					
Address					1	 1		
City				State	<u> </u>		Zip	
Country								
Telephone Fax								
I am the:								
X Applicant	/Invent	or.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Kir	k W. Lilly						
Signature	Rin	k W. Lille						
Date	/ Feb	, and a	001					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
"Total of		rms are submitted.				<u>.</u>		
								Any nomments o

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.